

Government of the District of Columbia
Department of Insurance Securities and Banking



PREMIUM FINANCE COMPANY

LICENSE INSTRUCTIONS

Complete and return the license application form with the required attachments. For an initial registration to be complete, all of the required information must be included. An incomplete and incorrect application will result in the return of your application and possible denial.

Refer to ***Title 31, Chapter 11 of the District of Columbia Code*** for the statutes that apply to licensing, premium finance agreements, charges and fees. You can access DC laws at www.dccouncil.washington.dc.us.

If you have any questions, contact Willie Hicks at:
Department of Insurance, Securities and Banking
810 First Street, NE, Suite 701
Washington, DC 20002
(202) 442-7814 or willie.hicks@dc.gov
Fax (202) 354-1084

Each application for an original license as an Insurance Premium Finance Company shall be made on the attached form entitled "Application for License as an Insurance Premium Finance Company."

Each application for an original license as an Insurance Premium Finance Company shall be accompanied by the attached form entitled, "Biographical Questionnaire". A separate form shall be completed and executed:

In the case of a sole proprietor, by the sole proprietor, or
In the case of a partnership, by each partner, or
In the case of a corporation, by each officer, director and owner of more than 10% of the outstanding shares of stock.

If company is a corporation or limited liability company, you must furnish copy of documentation authorizing the transaction of business in the District of Columbia. This documentation may be obtained by contacting:

The Department of Consumer and Regulatory Affairs
Corporation Divisions
441 North Capitol Street
Washington, DC 20002
(202) 442-4400

The License fee for an Insurance Premium Finance Company is \$150 and may be renewed annually as of the 1st day of May upon payment of a renewal fee of \$150. Make check payable to the DC Treasurer and send to the above address.

**APPLICATION FOR LICENSE AS AN
INSURANCE PREMIUM FINANCE COMPANY**

TO THE INSURANCE COMMISSIONER OF THE DISTRICT OF COLUMBIA:

Application is hereby made for a license to operate an insurance premium finance
company. Telephone Number: 0____ Fax Number: 0____ Federal Tax
Identification Number: _____

1. Company Name: _____

2. Address at which application will conduct business under license:

(a) Address of principal place of business within States:

(b) Address at which all books, records, accounts and documents
relating to business in this State will be kept:

(c) If applicant is a foreign proprietorship, partnership or corporation,
address of principal place of business:

3. Applicant is { } Individual Proprietor
 { } Partnership
 { } Corporation
 { } Other (specify) _____

4. If applicant is a corporation (attach Certificate of Incorporation).

(a) State of Incorporation: _____

(b) Date of Incorporation: _____

(c) If a foreign corporation, name and address of Agent for Service of Process in
the District of Columbia:

5. If applicant has engaged previously in the same or similar business, provide details, including name(s), address(es) and date (s) first commenced:

6. State whether applicant is directly or indirectly under common ownership, control, or management or is otherwise affiliated or associated with any insurer, or any person, firm or corporation having or exercising control of an insurer.

_____ Yes (Supply complete details)

_____ No

7. If applicant is a partnership:

- (a) State whether general partnership or limited partnership:

- (b) Give names and addresses of all' partners specifically identifying limited Partners, if any:

8. If applicant is a corporation, trust or other entity, other than a partnership, of which ownership is manifested by shares, identify each type of shares and states:

- (a) Number Of shares authorized: _____

- (b) Number of shares outstanding: _____

- (c) Par value: _____

- (d) Give name, residence address, title and number and percent of shares directly or beneficially owned by every officer and director and every person, firm or corporation owning or controlling 10% or more of the shares of each type:

<u>Name and Residence Address</u>	<u>Title</u>	<u>Number of Shares %</u>
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- (e) Are any of the principals licensed as an insurance producer?
Yes_____ No_____

If yes, state where and with what authority.

9. Attached current certified annual financial statement, which is as of the following date: _____

10. In addition to an insurance premium finance company, the following additional business will be conducted at the address of the applicant:

11. If applicant or any subsidiary, affiliated or associated insurance premium company has more than one place of business, give the name and address of each:

12. If the appropriate answer is "Yes" to any of the following questions concerning the applicant, manager, any officer, director, owner or beneficial owner of 10% or more of the shares, complete details must be given, including name, address, disposition of charges, etc.

Have any of the above:

- (a) Applied previously in this State for a license to engage in the business of insurance premium financing? _____
- (b) Received a rejection, revocation or suspension of license under laws of this State governing insurance premium or other customer financing?

- (c) Received a rejection, revocation or suspension under an insurance premium financing law or regulation, or similar law or regulation in any other State? _____

- (d) Received a revocation or suspension of any license, been convicted or entered a plea of guilty, or nolo contendere with respect to any law or regulation relating to the business of insurance? _____
- (e) Been arrested, indicted, convicted, entered a plea of guilty or nolo contendere with respect to a State or Federal offense in this or any other State? _____
- (f) Been placed in voluntary or involuntary bankruptcy, receivership, trusteeship, or conservatorship? _____
- (g) Do any of the above now hold a license to engage in the business of insurance premium financing or a similar or related business in any State, District or Territory of the United States? _____
- (h) Have you ever been charged with or accused of any irregularities in money transactions including, but not limited to, the giving of worthless checks and, exclusive of all traffic violations are you presently charged with, or have you ever forfeited collateral for, or been convicted of, any offense whatsoever against the laws of the District of Columbia, the United States Government, or any other jurisdiction? _____

Please attach the following documents.

Copies of all forms to be used, including but not limited to, Premium Finance Agreement, Ten Day Notice of Intent to Cancel, Cancellation Notice to insured, Rate Chart and Request to Company for Cancellation.

Corporate Title

Signature of Officer

Printed Name

Title

Date: _____

I swear that the foregoing statements and answer are true to the best of my information, knowledge, and belief.

IN WITNESS WHEREOF I have hereunto set my hand this _____ day of _____, 20 ____

By _____
By _____
District of Columbia, SS:

By _____
By _____

I _____ a notary public in and for _____
do hereby certify that each person, namely, _____

_____, _____, _____
_____, _____, _____

Whose name is signed on the foregoing application bearing date of the _____ day of _____, 20 _____, personally appeared before me in said _____, executed the foregoing application in my presence and, an oath made before me, acknowledged the same to be his act and deed.

Given under my hand and seal the _____ day of _____, 20 _____

Notary Public

My Commission expires _____

BIOGRAPHICAL QUESTIONNAIRE FOR PREMIUM FINANCE COMPANIES

(1) COMPANY NAME: _____

(2) OFFICE HELD: _____

(3) INDIVIDUALS NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

(4) CURRENT RESIDENTIAL ADDRESS: _____

(5) CURRENT BUSINESS ADDRESS: _____

(6) RESIDENTIAL ADDRESS FOR PAST FIVE YEARS:

A) _____
B) _____
C) _____
D) _____
E) _____

(7) EDUCATION (BEYOND HIGH SCHOOL):

(8) EMPLOYMENT HISTORY. (BEGINNING WITH CURRENT EMPLOYER AND ACCOUNT FOR ALL TIME FOR THE PAST FIVE YEARS. INCLUDE DATES OF EMPLOYMENT, NAME AND ADDRESS OF COMPANY, POSITION HELD AND DUTIES).

NAME	FROM	TO	POSITION HELD	DUTIES
ADDRESS				
NAME				
ADDRESS				
NAME				
ADDRESS				
NAME		•		
ADDRESS				
NAME			•	
ADDRESS				

BIOGRAPHICAL QUESTIONNAIRE FOR PREMIUM COMPANIES

- (9) LIST ANY OTHER COMPANIES YOU NOW SERVE, OR WITHIN THE PAST FIVE YEARS HAVE SERVED, AS EITHER AN OFFICER OR DIRECTOR. (LIST COMPANY, POSITION AND DATES)

- (10) HAVE YOU EVER BEEN CHARGED WITH A CRIMINAL VIOLATION (OTHER THAN A TRAFFIC OFFENSE AT ANY TIME)? IF YES, PROVIDE COMPLETE DETAILS.

YES _____ NO _____

- (11) HAVE YOU EVER HELD ANY OTHER LICENSE (EXCEPT A DRIVER'S LICENSE? IF YES, PROVIDE DETAILS. AS TO ANY SUCH LICENSE WHICH WAS EVER SUSPENDED, REVOKED, OR RENEWAL REFUSED. YES _____ NO _____

- (12) HAVE YOU EVER BEEN CHARGED BY ANY REGULATORY AGENCY, CITY, COUNTY, STATE OR FEDERAL, WITH HAVING VIOLATED ANY LAWS, RULES OR REGULATIONS? YES _____ NO _____ HAS ANY COMPANY BEEN SO CHARGED, ALLEGEDLY AS A RESULT OF ANY ACTION OR CONDUCT ON YOUR PART? YES _____ NO _____ IF "YES", AS TO EITHER, SUBMIT FULL DETAILS INCLUDING DISPOSITION OF CHARGE.

DATE: _____ SIGNATURE _____

STATE OF _____
COUNTY _____, SS

ON THE _____ DAY OF _____, _____, BEFORE ME, A NOTARY PUBLIC IN AND FOR THE STATE AND COUNTY AFORESAID, PERSONALLY APPEARED _____ TO BE KNOWN TO BE THE INDIVIDUAL DESCRIBED IN AND WHO EXECUTED THE AFOREGOING AND DID MAKE OATH IN DUE FORM OF LAW THAT THE MATTERS AND FACTS CONTAINED IN THE AFOREGOING RESUME ARE TRUE AND CORRECT.

NOTARY PUBLIC